

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/560095

**FILING DATE**

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**CLAIMS**

CLAIMS							
AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				
2			/				
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TOTAL IND.			2				
TOTAL DEP.			10				
TOTAL CLAIMS			12				